

BILL RICHARDSON Governor

State of New Mexico ENVIRONMENT DEPARTMENT

Air Quality Bureau 2048 Galisteo St. Santa Fe, NM 87505 Phone (505) 827-1494 Fax (505) 827-1523 www.nmenv.state.nm.us



DERRITH WATCHMAN-MOORE
Deputy Secretary

RELOCATION APPLICATION FOR PORTABLE SAND/GRAVEL, ROCK CRUSHING, ASPHALT AND CONCRETE PLANTS

Revised January 1, 2006

NOTICE: A process fee must accompany each Relocation Application. The portable source relocation fee is based on 1 fee point per 20.2.75 NMAC. The dollar value of a fee point is changed on Jan 1 of each year to reflect the change in the consumer price index. Go to New Source Review Fee CPI Adjustment

(http://www.nmenv.state.nm.us/aqb/permit/Fee-CPI-Adjustment-Method.pdf) to see the current value of a fee point

Make checks payable to: New Mexico Environment Department.

INSTRUCTIONS

This Relocation Application must be completed and submitted at least fifteen days prior to relocation and must be accompanied by \$326.00 for processing. Use of a Relocation Application form(s) other than this January 1, 2006 version may result in the application being ruled incomplete. At the time of application, the operator must post public notice of relocation at the new site.

Include with the Relocation Application the following items:

- 1) A detailed plot plan <u>clearly showing the set-back distance from any piece of processing equipment to the</u> nearest boundary of the Restricted Area.
- 2) A USGS 7.5 min map or similar, clearly showing the following:
 - a) Leased/owned property boundaries;
 - b) Area disturbed by the operations;
 - c) Mining area;
 - d) Haul roads;
 - e) All other particulate emitting facilities within one (1) mile of the facility's area of operations perimeter;
 - f) All residences, buildings or other recreational facilities, within 1/4 mile of the facility's area of operations perimeter.
- 3) A copy of the public notice of relocation posted at the new site.
- 4) A photograph of the public notice of relocation posted at the new site.

Operation of a facility at a new location shall not commence until the New Mexico Environment Department has issued official approval via fax or mail for the new location. Retain the approval at the new location. For assistance completing the Relocation Application, call the Air Quality Bureau or see the website at:

www.nmenv.state.nm.us/agb/index.html

Relocation Restrictions for GCP-2 (Quarrying, Crushing, and Screening Facilities) and GCP-3 (Hot Mix Asphalt Plants): Consult the current permit and ensure the new location will meet all relocation restrictions

associated with the permit. This includes all setbacks listed under GCP-2 and GCP-3. If the facility wishing to relocate has changed their operation in any way, such as adding equipment or changing production rate, the facility owner/operator must submit to the Air Quality Bureau Permitting Section a revised permit application to ensure the GCP-2 or GCP-3 remains up to date. At present, there is no fee charged for this permitting action.

SECTION 1: GENERAL INFORMATION

1.1	Date this application completed:		\$326.00 processing fee enclosed? $\Box Yes \Box No$		$\Box Yes \ \Box No$
1.2	Permit Number:		Date of Permit Issuance:		
1.3	Name of Company:				
1.4	Check one: □Sand/Gravel/Rock	Crushing: \square	Asphalt plant: □Cor	crete plant:	
1.5	Main Office:		Street Address or PC) Box:	
	City:	State:		ZIP:	
	Phone No.:		Fax No.:		
1.6	Person to Contact:		Title:		
1.7	Date Public Notice Posted:				

SECTION 2: RELOCATION INFORMATION

2.1	Identify the site from which the plant is moving:							
2.2	Section:		Range:		Township	:	County	<u> </u>
2.3	UTM Zone: 12 or 13	UTMH	(record to one tenth of a kn	n):	UTMV	(record to o	one tenth of a km):	
2.4	Latitude (deg/min/sec):			Longitu	ide (deg/min/s	ec):		
2.5	Driving Directions and di	stance fro	om nearest city, to	wn, or tri	bal commi	ınity:		
2.6	Proposed relocation site (Attach a	USGS 7.5 min ma	p or simi	lar showin	g reloca	ation site):	
	1			1		C	,	
2.7	Section:	Range:		Townsh	nip:		County:	
2.8	UTM Zone: 12 or 13		UTMH (record to one	tenth of a kn	n):	UTMV	(record to one tenth	of a km):
2.9	Latitude (deg/min/sec): Longitude (deg/min/sec):							
2.10	Driving Directions and di	stance fro	om nearest city, to	wn, or tri	bal commi	ınity:		
2.11								
2.12								
2.13	Date of Proposed Startup			Anticipa	ated comp	etion da		
2.14	Maximum operating hour				pm			s per week.
2.15								
2.16	¥ ,							
2.17	Size of: leased/owned pro	<u> </u>	acres, Opera	ation:	acre	S		
2.18	Type of haul road control		ed:					
2.19	Hength of haul road (miles):							
2.20	Number of round trips on							
2.21	Will the leased/owned pro	operty up	on which the facili	ty is to b	e located b	e fence	d?	$\Box Yes$
								$\square No$

2.22	Will the area comprising the facility, including any mining, be fenced?	$\Box Yes$ $\Box No$			
NOTE: Fencing may be required in the air quality permit for the facility or in this relocation approval.					

SECTION 3: RELOCATION APPLICABILITY

Regular and General Construction Permits: To determine the distance from plant facility to residences,						
	buildings or other recreational facilities, use the following: The plant facility is defined as the perimeter of the					
	of operations inclusive of all disturbed lands (including the mining area) us					
	ances are from the facility area of operations perimeter to residences, building	gs or other recreational				
	ities.					
3.1	Will the facility be located within any city, town, or tribal community?	□Yes □No				
3.2	Are there any private residences, offices, occupied structures or schools	$\Box Yes \ \Box No$				
	within 1/4 mile (400 meters) of the proposed facility boundaries?					
2.2	If yes, please identify both here and in the plot plan:					
3.3	Answer the appropriate section below:					
	Regular Permit: Are there any other particulate emitting facilities within one (1) mile of the facility?	□Yes □No				
	GCP-2 Permit: Are there any other particulate emitting facilities with a capacity throughput up to 200 TPH ½ mile from the perimeter of the area of operations? Or	$\Box Yes \ \Box No$				
	Are there any other particulate emitting facilities with a capacity throughput between 200 TPH and 600 TPH that is 3/4 mile from the perimeter of the area of operations?	□Yes □No				
	GCP-3 Permit: Are there any particulate emitting facilities with a capacity throughput equal to or less than 200 TPH that is ½ mile from the plant's dryer stack?	$\Box Yes \ \Box No$				
	Are there any particulate emitting facilities with a capacity throughput greater than 200 TPH but less than or equal to 300 TPH that is 3/4 mile from the plant's dryer stack?	$\Box Yes \ \Box No$				
	Are there any particulate emitting facilities with a capacity throughput greater than 300 TPH but less than or equal to 600 TPH that is 1 mile from the plant's dryer stack?	$\Box Yes \ \Box No$				
	If yes, please identify both here and in the plot plan:					
3.4	Are there other particulate-emitting facilities or activities within the facility boundary not addressed above?	$\Box Yes \ \Box No$				
	If yes, please identify here:					

	Class I area? (See attached map)						
	If yes, please identify here:						
SE	CTION 4: REQUIRED ATTACHMENTS						
4.1	Has a copy of the equipment list been attached to this Relocation	$\Box Yes$					
	Application? (Attachment A)						
4.2	Has a photograph(s) of the posting at the new site been attached to this	$\Box Yes$					
	Relocation Application? (Attachment B)						
4.3	Has a copy of the public notice as posted at the new site been attached to	$\Box Yes$					
	this Relocation Application? (Attachment C)						
4.4	Has a Detailed Plot Plan of the new site including the minimum set-	$\Box Yes$					
	back distance been attached to this Relocation Application?						
	(Attachment D)						
4.5	Has a USGS 7.5 Min Map of the new site been attached to this	$\Box Yes$					
	Relocation Application? (Attachment E)						
SE	CTION 5: CERTIFICATION						
I,, hereby certify that the information and data submitted in this application are true and accurate, to the best of my knowledge.							
submitted in this application are true and accurate, to the best of my knowledge.							
CIC	NATURE TO STATE OF THE STATE OF						
SIG	NATURE TITLE	Date					

 $\Box Yes \Box No$

3.5 Will the facility be located within three (3) miles (5 km) of a federal

PLEASE NOTE: If the Relocation Application does not include the \$326.00 processing fee, answers to all questions, and the required attachments listed in the Instructions and Section 4, the application will be ruled incomplete. Use of a Relocation Application form(s) other than this January 1, 2006 version may result in the application being ruled incomplete. Please ensure all application requirements are met prior to submitting a Relocation Application to the Air Quality Bureau.

Attachment A: Equipment List

List all pieces of process equipment used for this job, including portable power generating equipment. Attach additional sheets as needed.						
At	Unit		Manufacturer and Model	Serial Number	C4-4	
	No.	Type of Unit	Manufacturer and Model	Seriai Number	Status (Check One)	
1	NO.				\Box Existing	
					□Removed	
2					□New/Additional	
2					\square Existing	
					\square Removed	
					□New/Additional	
3					\Box Existing	
					\square Removed	
					□New/Additional	
4					□Existing	
					\square Removed	
					□New/Additional	
5					□ Existing	
					\square Removed	
					□ New/Additional	
6						
0					□Existing	
					\square Removed	
					□New/Additional	
7					\Box Existing	
					\square Removed	
					□New/Additional	
8					□Existing	
					\square Removed	
					□New/Additional	
9					□Existing	
					\square Removed	
					□New/Additional	
10					DExisting	
					\square Removed	
					□New/Additional	
11						
					\Box Existing	
					□Removed	
- 12					□New/Additional	
12					\square Existing	
					\square Removed	
					□New/Additional	
13					\Box Existing	
					\square Removed	
					□New/Additional	
14					□Existing	
					□Removed	
					□New/Additional	
15					□ Existing	
					\square Removed	
					□New/Additional	
16						
					\Box Existing	
					□Removed	
					□New/Additional	

17			\Box Existing
			\square Removed
			\square New/Additional
18			\Box Existing
			\square Removed
			\square New/Additional
19			□Existing
			\square Removed
			\square New/Additional
20			\Box Existing
			\square Removed
			\square New/Additional
21			□Existing
			\square Removed
			\square New/Additional
22			\Box Existing
			\square Removed
			\square New/Additional
23			□Existing
			\square Removed
			\square New/Additional
24			\Box Existing
			\square Removed
			□New/Additional
25			\square Existing
			\square Removed
			□New/Additional
26			\square Existing
			\square Removed
			□New/Additional
27			\Box Existing
			\square Removed
28			□New/Additional
20			\Box Existing
			□Removed
29			□New/Additional
2)			\Box Existing
			□Removed
30			□New/Additional
50			\Box Existing
			□Removed
31			□New/Additional
			\Box Existing
			□Removed □New/Additional
32			
			□Existing □Removed
			□Removed □New/Additional
33			□ New/Additional □ Existing
			\Box Existing \Box Removed
			□ New/Additional
34			□ Existing
			\Box Removed
			□New/Additional
	1	I .	

Substitutions and Equipment Exchange

1. List all pieces of process equipment used for this job, including portable power generating equipment. 2. Include the original permit number that the piece of equipment is/was registered under, and the new permit number where it is being moved to, or mark as retired if no longer using the unit. 3. Attach additional sheets as needed and mail to: Air Quality Bureau, Compliance and Enforcement Section, 2048 Galisteo Street, Santa Fe, NM 87505 Unit Type of Unit Manufacturer and Model Serial Number Status No. (Check the appropriate boxes) 1 ☐ Removed Permit # \square *Retired* ☐ *Transferred-list New location* Permit # ☐ Substitute List Size Permit # Has a compliance test been performed for this piece of equipment? \Box YES \Box NO List date that compliance test passed: ☐ Removed Permit # \square Retired ☐ Transferred-list New location Permit # □ Substitute List Size Permit # Has a compliance test been performed for this piece of equipment? \Box YES \Box NO List date that compliance test passed: ☐ Removed Permit # \square Retired ☐ *Transferred- list New location* Permit # ☐ Substitute List Size Permit # Has a compliance test been performed for this piece of equipment? \Box YES \Box NO List date that compliance test passed: ☐ Removed Permit # \square Retired ☐ *Transferred-list New location* Permit # ☐ Substitute List Size Permit # Has a compliance test been performed for this piece of equipment? \Box YES \Box NO List date that compliance test passed: